**Respiratory Research Centre Conference Support Fund Application Form**

Please fill out this form and submit it electronically to Britney Duncan at britney.duncan@usask.ca. Any questions about the Conference Support Fund, the application process, or this form can also be directed to Britney Duncan.

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| LAST NAME:  | FIRST NAME:  |
| DEPARTMENT: | COLLEGE:  |
| OFFICE ADDRESS: | TELEPHONE: | E-MAIL ADDRESS: |
| ACTIVE RRC MEMBER: [ ]  Yes [ ]  No *(Signed Terms of Reference must be attached)* |
| Role of RRC Member in Planning/Conference Coordination [ ]  Chair/Co-Chair [ ]  Planning/Steering Committee Member |
| **CONFERENCE SUMMARY** |
| CONFERENCE TITLE: |
| START DATE (DD/MM/YR):  | END DATE (DD/MM/YR):  |
| LOCATION (must be in Saskatchewan): |
| **TYPE OF CONFERENCE** |
| PRIMARY FOCUS: [ ]  Research [ ]  Teaching [ ]  Administrative  |
| PRIMARY AUDIENCE: [ ]  Faculty [ ]  University Students [ ]  Administrative [ ]  Other *(describe*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       |
| SCOPE (Audience is primarily:) [ ]  International [ ]  National [ ]  Provincial [ ]  University-wide         |
| EVENT PURPOSE: [ ]  Academic Engagement [ ]  Administrative Engagement [ ]  Community Outreach & Engagement [ ]  Promotional         |
| Please estimate the expected number of conference participants:  |
| Is this a regularly held conference? [ ]  Yes [ ]  No  | [ ]  Annually [ ]  Biennially [ ]  Other :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Does this conference have a respiratory health focus: [ ]  Yes [ ]  No  | Please provide theme : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **STUDENT ENGAGEMENT** Please describe plans to engage students (I.e. level of involvement of students in planning/presenting, invitations of students outside of the University of Saskatchewan, etc.) If no plans to engage students, please explain. |
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| **BRIEF DESCRIPTION OF CONFERENCE** Please indicate the nature, purpose, importance, and relevance to the RRC. Be sure to also include plans to recognize RRC funding, if awarded (Attach conference brochure or supporting documentation, **Please note:** Draft materials acceptable) |
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| **ANTICIPATED REVENUE:** |
| **Amount requested from the *RRC Conference Support Fund: (a)*****[ ]  GRADUATE STUDENT** |  $ |
| Describe how funds will be used. |  |
| Anticipated Registration Fees ***(b)*** |  $ |
| Confirmed Sources of Financial Support **Source:** **Amount Requested Amount Confirmed**College $ $**Total *(c)***  |  |
| Requested (unconfirmed) Sources of Financial Support Source Amount Requested  **Total *(d)*** |  |
| **TOTAL ANTICIPTATED REVENUE: (a + b + c + d) TOTAL *(e)*** | **$** |
| **PROJECTED EXPENSES** (Append details for all.) |
| Speaker(s) related costs (Honorarium, travel, per diem, accommodation)[ ]  FIELD WORK |  |
| Promotion and dissemination |  |
| Administration |  |
| Equipment Rental |  |
| Space Rental |  |
| Local Transportation |  |
| Refreshments / Catering |  |
| Other (please specify) |  |
| Other (please specify) |  |
| **TOTAL ANTICIPATED EXPENSES *(f)*** |  |
| **ANTICIPATED SURPLUS OR DEFICIT*: ( e - f = Surplus or Deficit )***  | **$** |
| **Indicate how surplus conference generated funds will be used:** |  |
| **CONFIRMED IN-KIND SUPPORT** |
| Type of Support Estimated Value Source  |
| **SIGNATURE OF APPLICANT:** *If application is sent electronically as an attachment, no signature of applicant is required)*  |